

Name
in
Full

Mary. F. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Childs* Town*acile* County

MARYLAND

Date

of death 190

3

Month

mch

Day

15

Age

Years *80*

Months

Days

Sex

*Female*Color or
Race*white*Birth-
place*England*Married, Single
or Widowed*Widow*

Occupation

Name of ~~Widow~~*Thomas Adams*Father's
Name*Wm. Bradshaw*Father's
Birthplace*England*Mother's
Maiden Name*Sarah Boyd*Mother's
Birthplace*England*Name of person giving
Information*Mrs E. Lynch*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Pneumonia

How long

7 days

Immediate

93

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. S. Whitaker
Cherry Hill
Ind*

Accident or Suicide?

67

Name
in
Full

CERTIFICATE OF DEATH

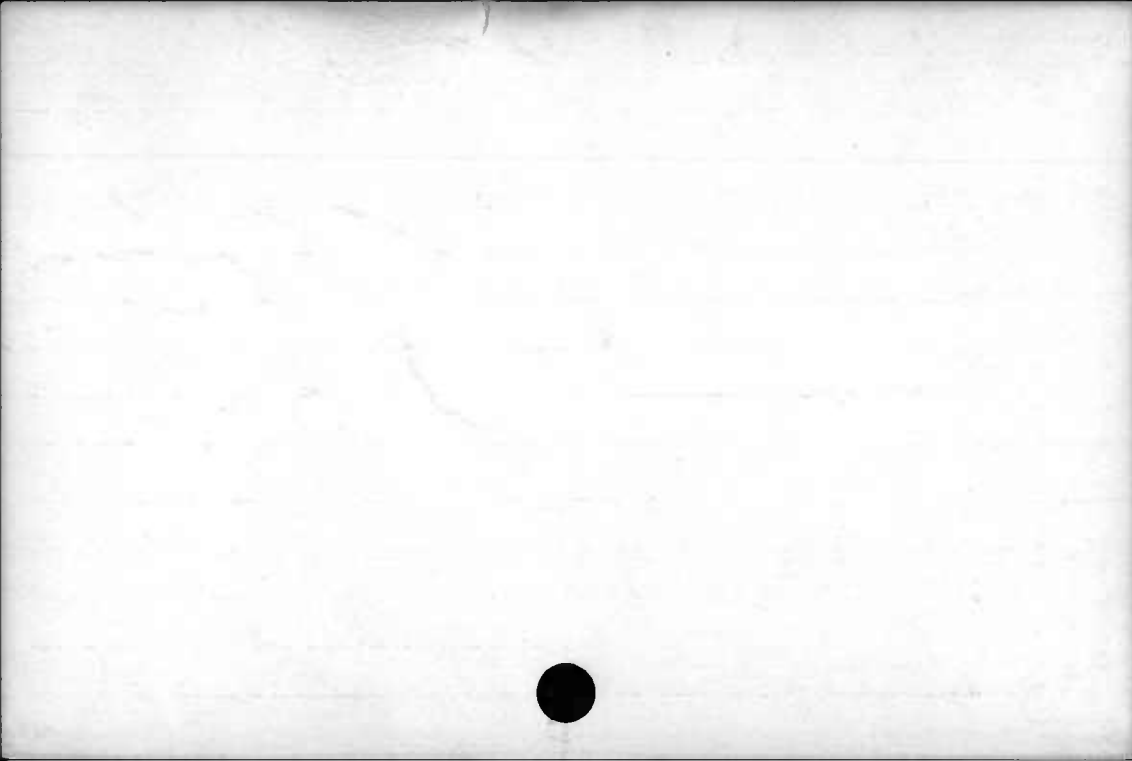
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	Month <i>3</i>	Day <i>10</i>	Age <i>.</i>	Months <i>18</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Lucy Wilson</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 wks (?)</i>
<i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell MD</i>
	Address <i>Elkton Md.</i>
<i>D</i> Accident or Suicide?	



Name In Full

Certificate of Death

Joseph L. Bird

Town

County

6th Dist.

Died at

Near Rising Sun Cecil

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3

14

Age

76

-

-

N Jersey

Mechanic

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living 3

Husband

of

Hannah Bird dece

Wife

Father's

Name

John Bird

Mother's

Maiden Name

Don't know

Cause of

Primary

Softening of Brain

How long sick

1 yr

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

A. Geo. S. Davis 65

Address

Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

75- the 21 May last-

Name
in
Full

Mary Brown

CERTIFICATE OF DEATH

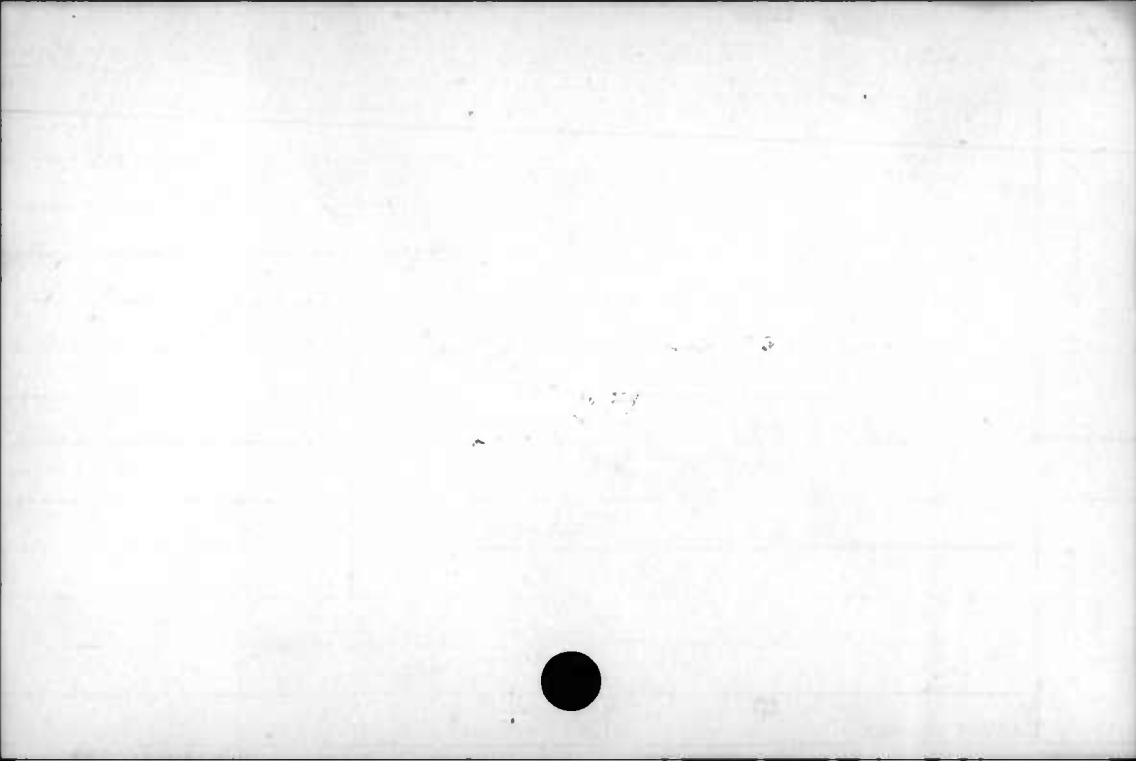
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Essex</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190	3	Month	3	Day	11	Age	Years 1
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Essex</i>		Months	
Married, Single or Widowed <i>—</i>				Occupation			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm Brown</i>				Father's Birthplace <i>Essex</i>			
Mother's Maiden Name <i>Mary Stephenson</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Wm Brown</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell M.D.</i>
<i>8</i> Accident or Suicide?	Address <i>Essex Md</i>



Brown

MARYLAND

Reported by *H. Arthur Michels MO*
Address *Ellettsville Ind.*

LIBRARY BUREAU, 79898



Name
in
Full

Sadie Brown

CERTIFICATE OF DEATH

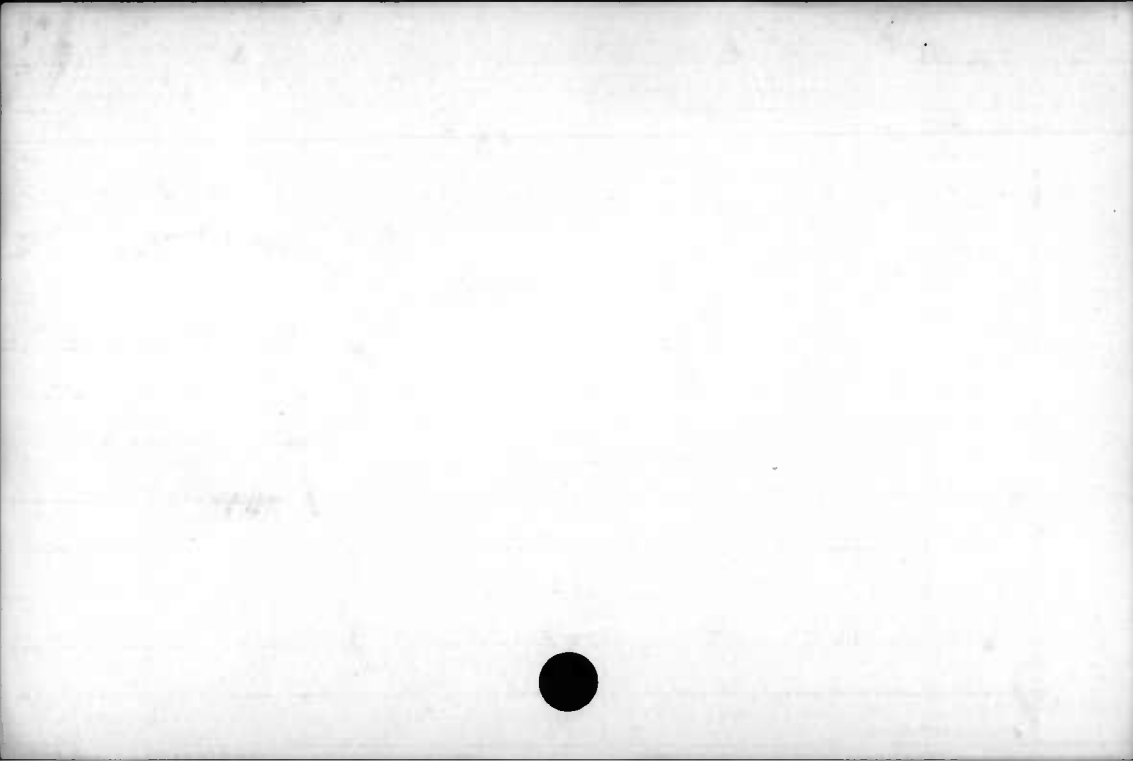
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Cecil		MARYLAND	
Date of death 190	3	Month Mar	Day 15	Age	36	Years	Months Days
Sex	Female		Color or Race	White		Birth- place	md
Married, Single or Widowed	Married			Occupation	Nurse		
Name of Wife or Husband	Edward L Brown						
Father's Name	John Kane					Father's Birthplace	md
Mother's Maiden Name	Mary Veach					Mother's Birthplace	11
Name of person giving In formation	Edward L Brown					How related to deceased	Husband

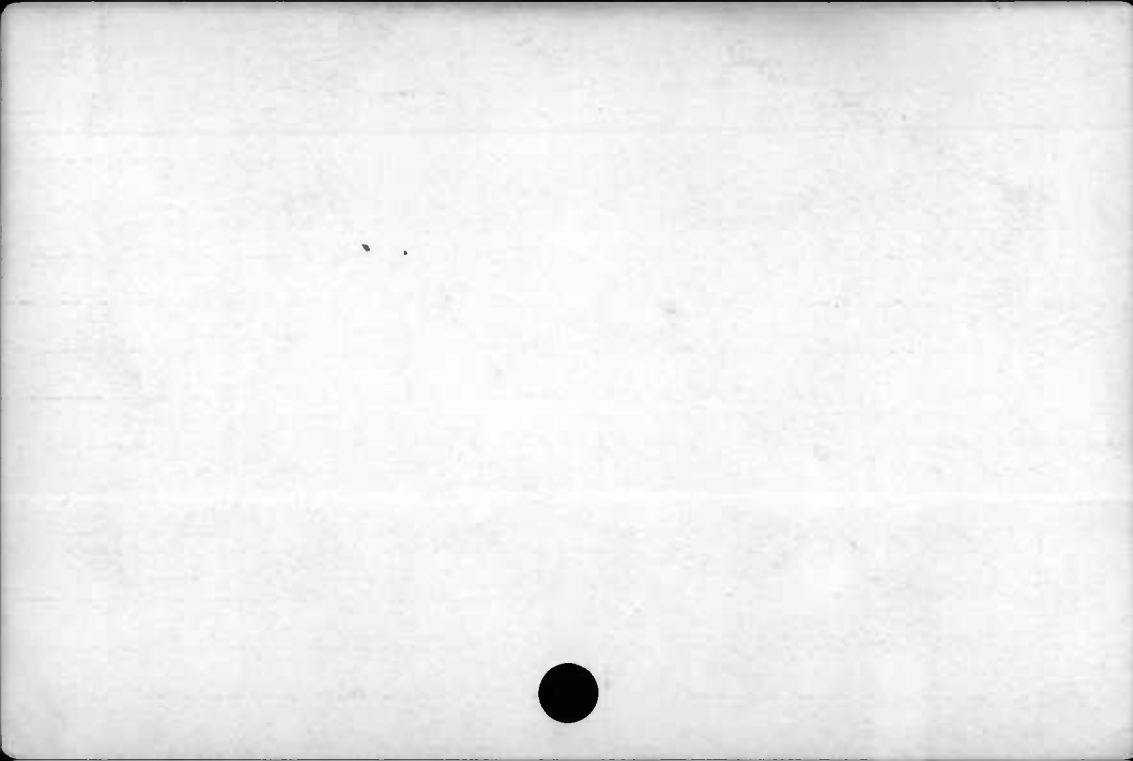
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	Child birth (Impossible delivery)	136
Are the name, age, sex, color, date and place correctly given above?	Yes	How long 12 hours
Signature of Physician		H. Arthur Mitchell M.D.
Address		Elkton Md.
<input checked="" type="checkbox"/> Accident or Suicide?		



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>New Valley</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		7th Dist.		
		Date of death 190 <i>3</i>		Month <i>Mar</i>	Day <i>10</i>	Years <i>64</i>	Months <i>4</i>	Days
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
		Married, Single or Widowed <i>married</i>		Occupation <i>Labour</i>				
		Name of Wife or Husband <i>Margaret E. Caldwell</i>						
		Father's Name <i>Thomas Caldwell</i>			Father's Birthplace <i>—</i>			
		Mother's Maiden Name <i>Elizabeth Woodrow</i>			Mother's Birthplace <i>—</i>			
		Name of person giving information <i>Margaret E. Caldwell</i>			How related to deceased <i>Wife</i>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>From injury received by</i>			How long <i>1166</i>			
		Immediate <i>falling off R.R. bridge at Bowlandville</i>			How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Wm. S. Cawley</i>			
					Address <i>Elkton Md.</i>			
		Accident or Suicide? <i>Accident</i>						



Name
in
Full

Ellis Corriker

CERTIFICATE OF DEATH

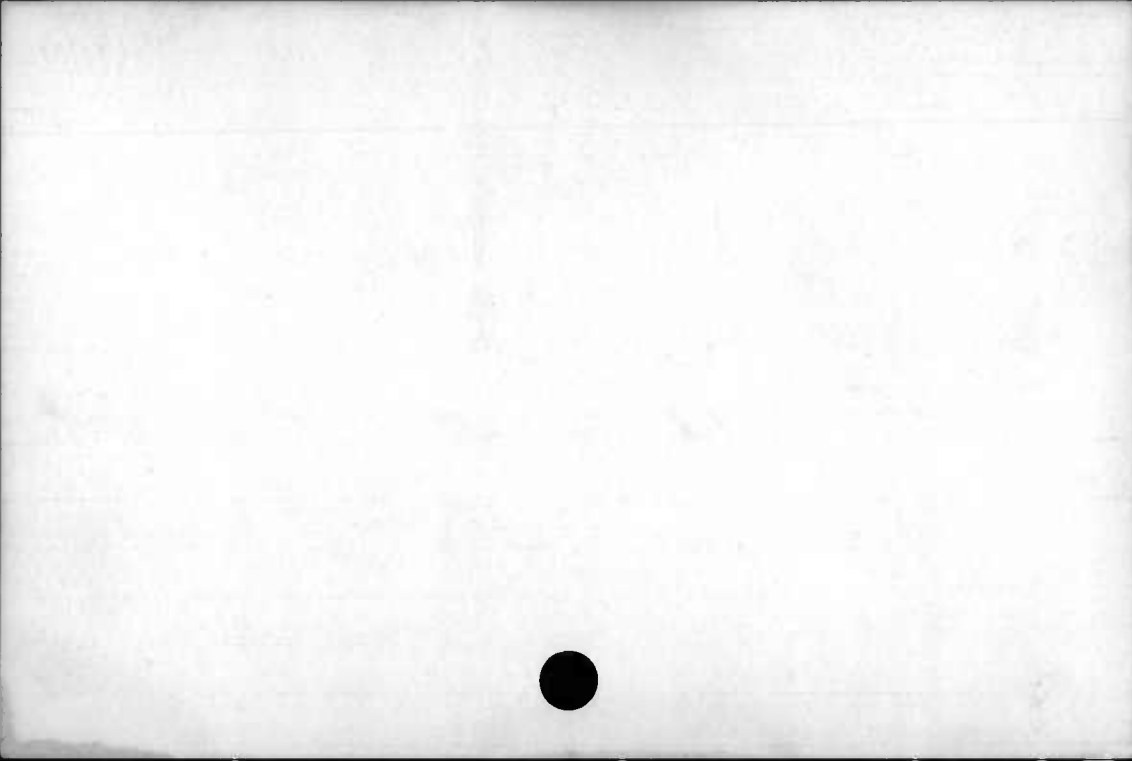
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neen 30 liter</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>17</i>	Age <i>11</i>	Months <i>11</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Frank Corriker</i>			Father's Birthplace		
Mother's Maiden Name <i>Anna Groer</i>			Mother's Birthplace		
Name of person giving information <i>F Corriker</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>8 weeks</i>
Immediate <i>Edental Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>Charles H. Hiss</i>
	Address <i>Allen Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month 3	Day 3	Age 54	Years 54	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>				
Married, Single or Widowed <i>Widower</i>			Occupation				
Name of Wife or Husband <i>Kate Burke</i>							
Father's Name <i>Wm Creswell</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Mary Keen</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>Bulah Creswell</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hypertrophy of Heart</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>79</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. St. E. Clewson</i>
	Address <i>Port Deposit Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Edward Wawsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

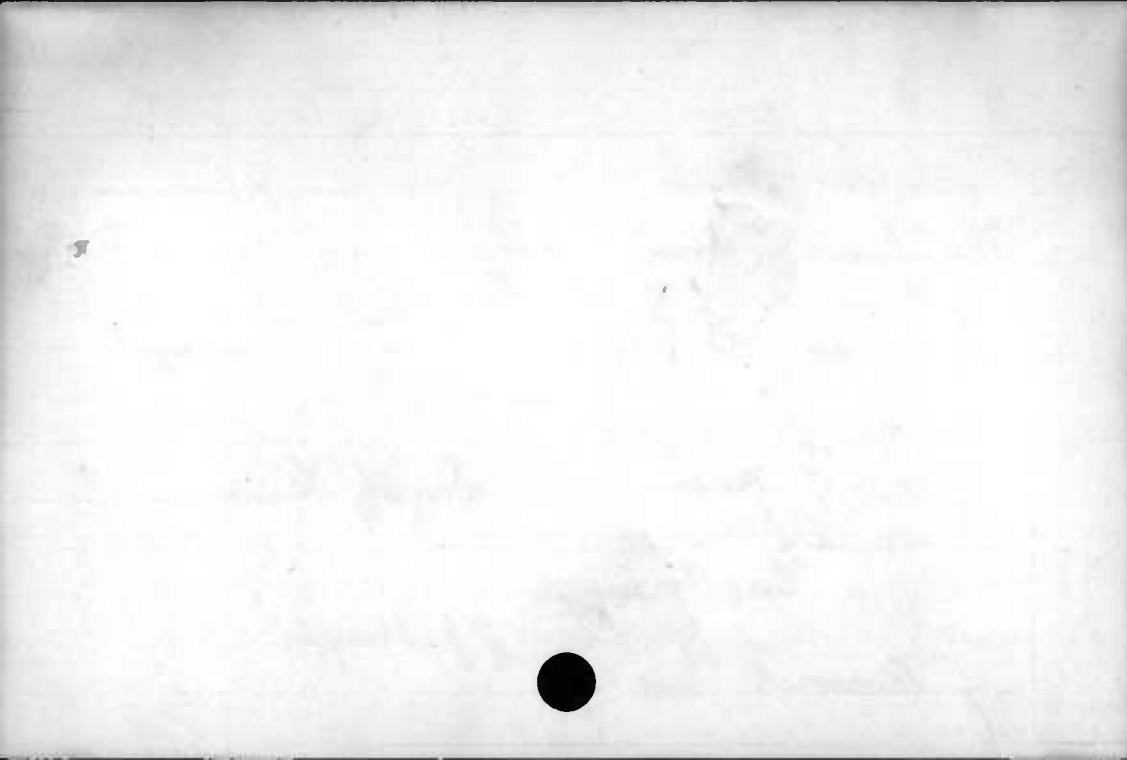
MARYLAND

Died at <i>Almshouses</i> Town		<i>Cecil</i> County			
Date of death 190 <i>2</i>	Month <i>Mar</i>	Day <i>8</i>	Age <i>over 40</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Myrtle</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband _____					
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <i>John New</i>			How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>one year</i>
Immediate <i>Heart</i>	How long <i>79</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. Bruce</i>
<i>Yes</i>	Address <i>North East</i>
Accident or Suicide?	



Matilda Derrah

Town

Harruck

County

Greil

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Mar 15

Age

38 0 0

Md

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

3

Husband

of

Robert Derrah

Wife

Father's
Name

James H. Mason

Mother's

Maiden Name

Sarah Green

Cause of

Primary

La Grippe

How long sick

6 days

Death

Immediate

Pleuro Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

J J Haight Md

Address

Harruck Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Dempson

Town

County

Died at

Cecilton

Cecil

MARYLAND

Date 1903	Month 8	Day 18	Age 74	Y. M. D.	Native of Md	Occupation Housewife
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living 3		

Husband of

Wife

Father's

Name

John Reed

Mother's

Maiden Name

Cause of

Primary

How long sick

8 days

Death

Immediate

Apoplexy left

Accident, Suicide, Homicide

Reported by

R. M. Black

Address

Cecilton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hannah P. England
 Town Colverh County Cecil 9th Dis.

MARYLAND

Died at

Date 1803

Month

Day

3 31

Y.

M.

D.

Age

83 7

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Isaac England

Mother's

Name

Cause of

Primary

Paralysis

How long sick

7 days

Death

Immediate

do

Accident, Suicide, Homicide

Reported by

W. H. Richardson M.D.

Address

Colverh -

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name
in
Full

Eli J. Hoard

CERTIFICATE OF DEATH

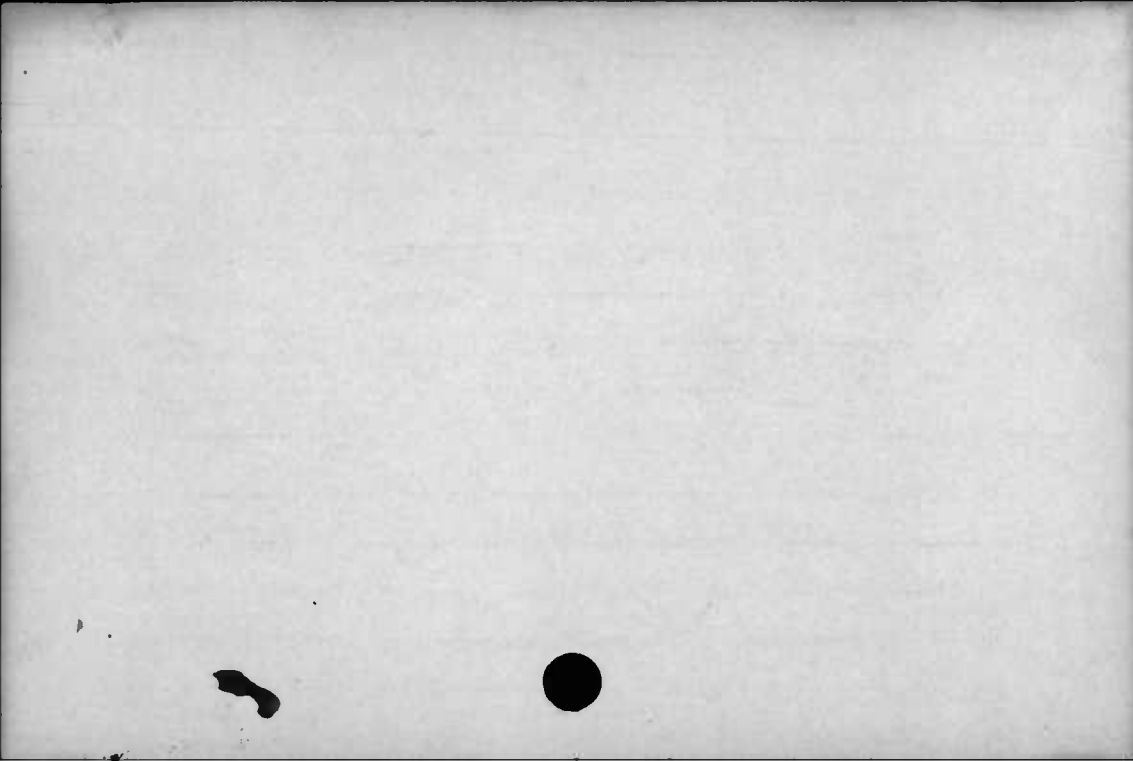
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chesapeake City		County Beebe		MARYLAND	
Date of death	1903	Month Mar	Day 12	Age Years	69	Months 3	Days
Sex	Male		Color or Race	White		Birth- place	Delaware
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Mary E Hoard			
Father's Name		Thos J Hoard				Father's Birthplace	
Mother's Maiden Name		Sabina Ciddle				Mother's Birthplace	
Name of person giving In formation		Fannie Hoard				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Miss Rebecca Fox

Town

County

Coloma

Cecil

6th Dist.

MARYLAND

Died at

Date 1903.

Month

Day

March 1st

Y.

M.

D.

Age

72 years

Native of

Md

Occupation

Seamstress

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mathias Fox

Mother's

Maiden Name

Martha Fox

Cause of

Primary

Acute Catarrhal Pneumonia

How long sick

7 day's

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Ernest Rowland Jr

Address

Liberty Groves Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rodney Gouldsborough

Town

County

Died at

MARYLAND

Date 19 03 Month Mar Day 18 Age 0 Y. 18 M. 0 D. 0 Native of md Occupation ---
 Male White Married Widow Divorced ---
~~Female~~ Colored Single Widower Number of children living

Husband of
Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Hereditary

How long sick

6 months

Death

Immediate

ConsumptionAccident, Suicide, Homicide


Reported by

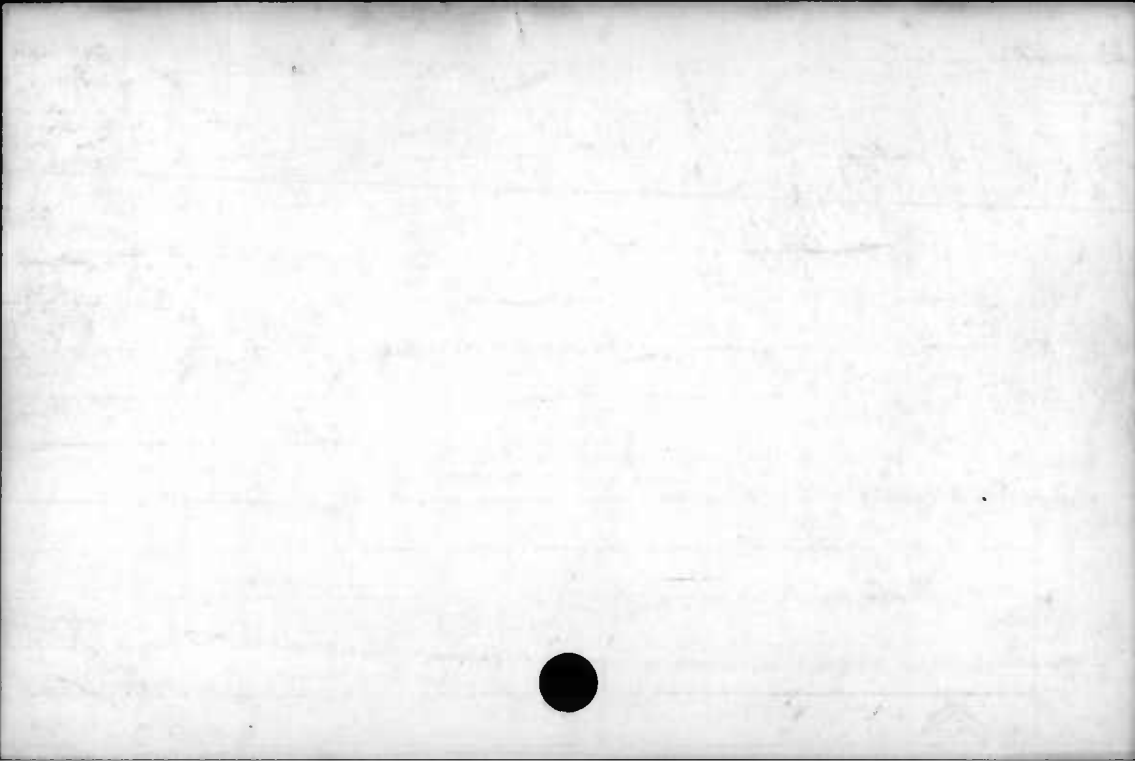
Address

Harwick Md.J J Wright MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Thomas Griffin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Aldershot				Cecil		
	Date of death 1903	Month	Day	Age	Year	Months	Days
	May		17	80			
	Sex	male		Color or Race	Caucasian		Birth-place
	Married, Single or Widowed	married		Occupation	Laborer		
	Name of Wife or Husband						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Paralysis		How long		
	Immediate		66		How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
Accident or Suicide?			<div style="border: 1px solid black; padding: 5px; text-align: center;">  </div>				



Anna F. Hallman

Died at Chesapeake City Cecil County MARYLAND

Date 1903 3 27 Month Day Y. M. D. Age 40.10 — Native of Maryland Occupation Housewife

Female White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of Sam. A. Hallman

Wife Sam. A. Hallman

Father's Name Levi B. Deunob Mother's Name Mary White

Cause of Death { Primary Immediate Consumption 27

How long sick two years

Accident Suicide Homicide

Reported by Wm C. Karsner M.D.

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

Died at

MARYLAND

Date 19

Month

Day

Y

M

D.

Native of

Occupation

Age

25921

Ind.

14/10/2014

~~White~~

Married

W100:

~~Divorced~~

Number of children living

~~Husband~~

of

Wife

Father's

Name _____

Mother's

Maiden Name

Cause of

Primary

Scherzeria

How long sick

1 year

Death

~~Immediate~~

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George H. Hartshorn

Died at Port Deposit TownCounty Cecil

MARYLAND

Date of death 1903 March MonthDay 12Age 52 YearsMonths 2Days 10Sex Male

Color or Race

Colored

Birth-place

Near Port Deposit

Married, Single or Widowed

Married

Occupation

LaborerName of Wife or ~~Husband~~Port DepositMary Hartshorn

Father's Name

Chas. Hartshorn

Father's Birthplace

Brownings

Mother's Maiden Name

—

Mother's Birthplace

—

Name of person giving information

Mary Hartshorn

How related to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Brights Disease

How long

2 months

Immediate

—

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

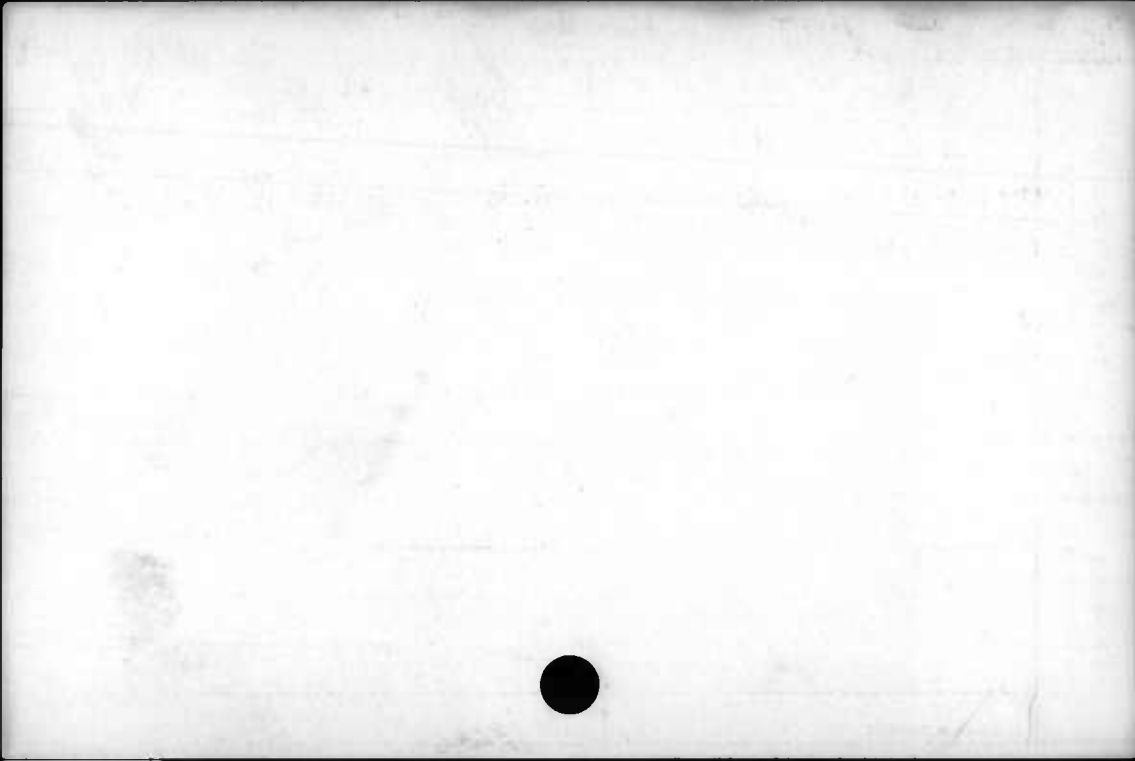
H. A. Cannon

Address

Port DepositPHYSICIAN
OR CORONER

Accident or Suicide?

8



Name
in
Full

Mr Hal Holland

CERTIFICATE OF DEATH

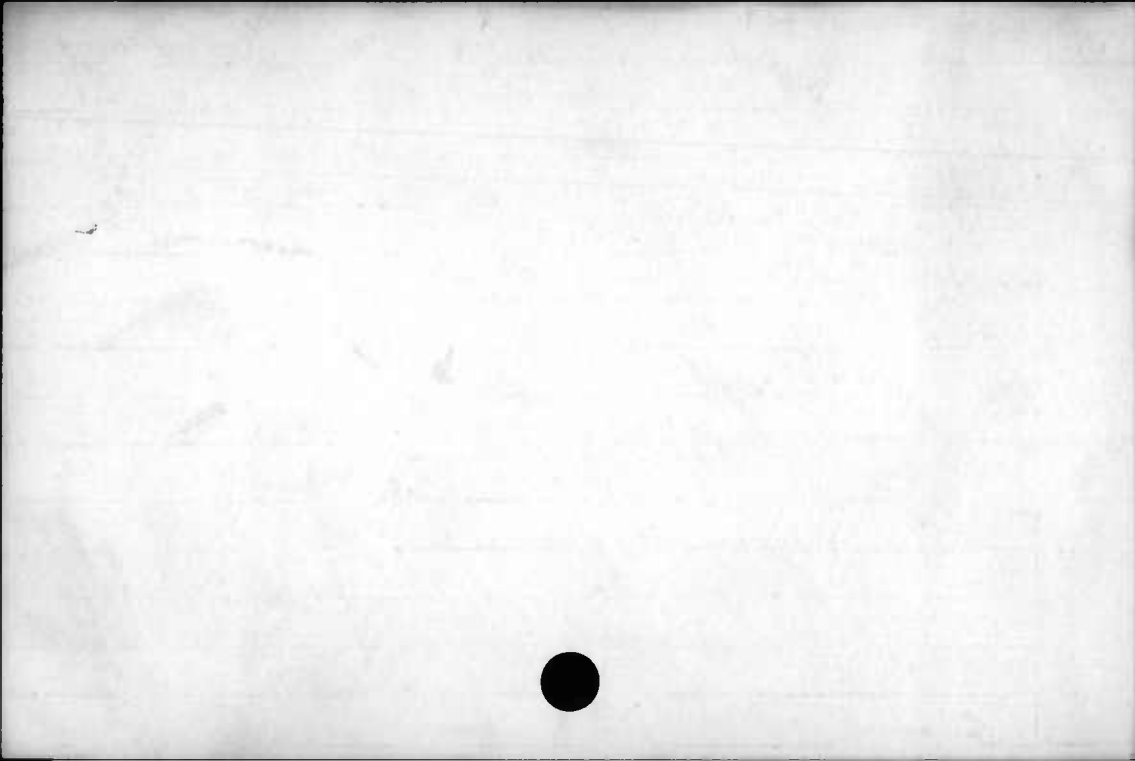
TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death 1903	Month March	Day 14	Age 2 yr	Years	Months	Days		
Sex Male	Color or Race colored		Birth- place Elkton					
Married, Single or Widowed			Occupation					
Name of Wife or Husband Mary Holland								
Father's Name John W Holland			Father's Birthplace Acil Co					
Mother's Maiden Name Mary Wilson			Mother's Birthplace Elkton Md					
Name of person giving In formation			How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 wks
Immediate	Pneumonia	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Arthur Mitchell MD
		Address	Elkton Md
Accident or Suicide?			



Name

in
Full

Alice L Johnson

CERTIFICATE OF DEATH

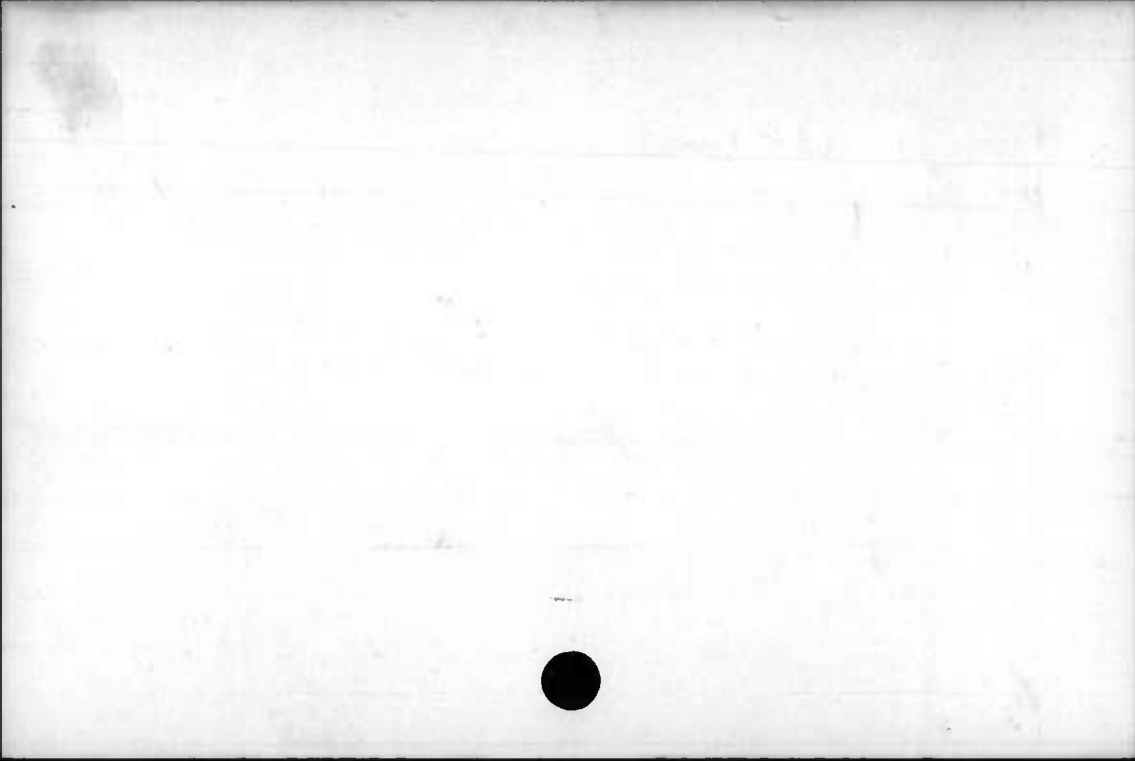
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Eaton		County Beele		MARYLAND	
Date of death 1903		Month 3	Day 22	Age 24		Months	Days
Sex Female		Color or Race White		Birth- place Md			
Married, Single or Widowed		Married		Occupation			
Name of Wife or Husband		Howard Johnson					
Father's Name		Bromy Boyd				Father's Birthplace Md	
Mother's Maiden Name		Mary Caldwell				Mother's Birthplace Md	
Name of person giving In formation		Mary Boyd				How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Consumption		3	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. S. Cawley	
<input checked="" type="checkbox"/>		Address Eaton Md.	
Accident or Suicide?			



Name
in
Full

Martha Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>20</i>	Years <i>49</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Robert Jones</i>					
Father's Name <i>George Way</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Robert Jones</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>13 hours</i>
Immediate <i>Progressive Cardiac Asthenia</i>	How long <i>from first symptoms until death</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Taylor</i>
<i>yes</i>	Address <i>Perryville, Md.</i>
Accepted <i>—</i>	



Name
in
Full

Isabel C McCay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Port-Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190	3	Month 3	Day 1	Age 71	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Cecil Co</i>
Married, Single or Widowed	<i>Widow</i>			Occupation			<i>—</i>
Name of Wife or Husband <i>James H McCay</i>							
Father's Name <i>Henry Broughton</i>						Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Isabel Broughton</i>						Mother's Birthplace <i>—</i>	
Name of person giving In formation <i>Florence McCay</i>						How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mitral Trouble of Heart</i>		How long	<i>3 years</i>
Immediate	<i>Exhaustion</i>		How long	<i>79</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Dr. H. E. Clewson</i>	
			Address <i>Port Deposit</i>	
			<i>md</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

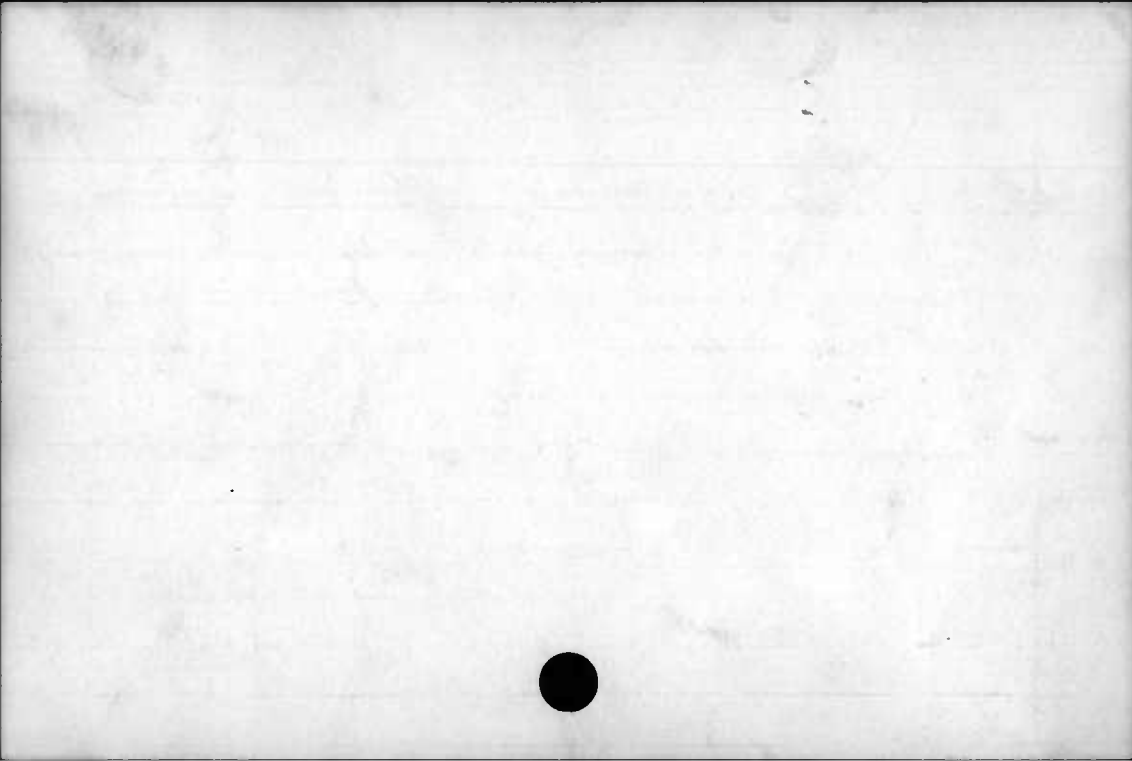
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marcy E. McHowell</i>		Town <i>Lehigh</i>		County <i>Lehigh</i>		STATE MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>Mar.</i>		Day <i>30</i>	
Age <i>74</i>		Years <i>74</i>		Months <i>4</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bucks Co. Pa</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation _____					
Name of Wife or Husband <i>William H. McHowell</i>							
Father's Name <i>Ely</i>		Father's Birthplace _____					
Mother's Maiden Name <i>Rachel Hamilton</i>		Mother's Birthplace _____					
Name of person giving information <i>Lizzie M. Mahoney</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>93</i>	
Immediate <i>Pneumonia</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. H. Gifford</i>	
		Address <i>Zion</i>	
Accident or Suicide?		<i>md</i>	



Name in Full

Certificate of Death

Winfield S. McKenny

Town

County

MARYLAND

Died at

North East

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

13

Mar, 21

Age

10 1/2

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

J. M. McKenny

Mother's

Maiden Name

Mary E. Robinson

Cause of

Primary

Pneumonia

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo. A. Horrell

Address

North East Md.

93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Catharine Mattar

Died at ^{Town} Near Creston^{County} Cecil

MARYLAND

Date 1908 3 15 Age 69-2- Native of Md Occupation Housewife

Male White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 6

Husband of
Wife

Father's Name James Hill

Mother's Maiden Name

Cause of Death { Primary Immediate Measles 93

How long sick 60 days

Accident, Suicide, Homicide

Reported by R. M. Black

Address 8 Creston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No name

Miners
6th St

Town

County

Died at

Rising Sun

Acil

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
3	3	18	-	-	-		
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband
of

No husband

Father's
Name

Unknown

Mother's
Name

Elka Miners

Cause of

Primary. Dead born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Geo. S. Darr

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, PHOENIX



Name
in
Full

William B. Orr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i> Town,		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i> Month <i>March</i>	Day <i>23</i>	Age <i>58</i> Years	Months <i>3</i>	Days <i>11</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Port Deposit</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Plasterer</i>				
Name of Wife or Husband <i>[Signature]</i>					
Father's Name <i>James Orr</i>			Father's Birthplace <i>Port Deposit</i>		
Mother's Maiden Name <i>Caroline Orr</i>			Mother's Birthplace <i>Port Deposit</i>		
Name of person giving Information <i>J. Roman West</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. G. Fisher</i>
	Address <i>Port Deposit, Md</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Edna Pearce

Town

County

Died at

New Castleville

Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

16

Age

0. 7. 5

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Jackson Pearce

Mother's

Maiden Name

Mary Hoover

Cause of

Primary

How long sick

10 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

93

Reported by

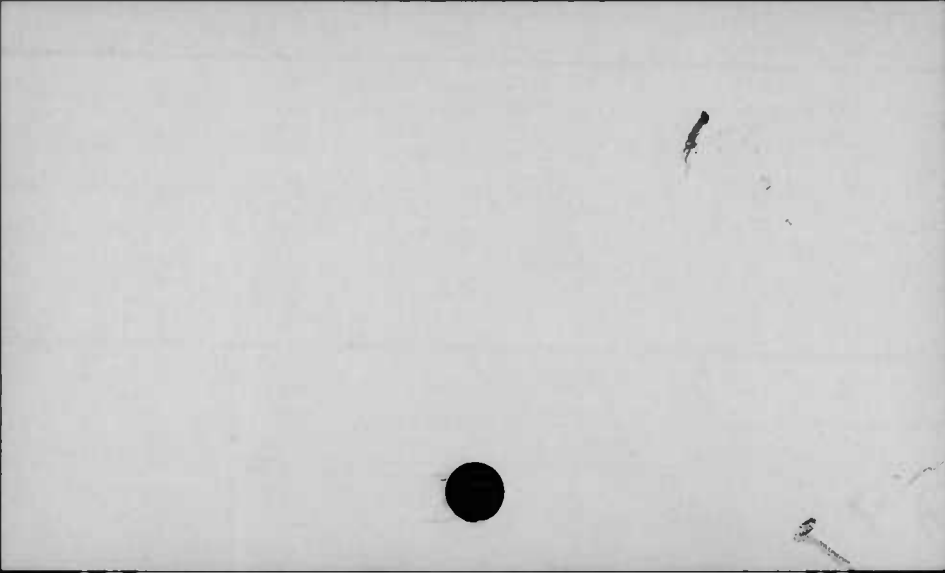
J. M. Black

Address

Cecil

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullIsabella S Perry 3rd dist-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>3</i> ^{Month}	<i>27</i> ^{Day}	Age <i>80</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Married, Single <i>Single</i>		Occupation <i>House work</i>			
Name of Wife or Husband					
Father's Name <i>John Perry</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Jane Gay</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Mary J. Stern</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infermitis of old eye</i>	How long	<i>6 months</i>
Immediate		How long	<i>15</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John S. Wheeler</i>	
		Address <i>Cherry Hill Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			

89

Name
in
Full

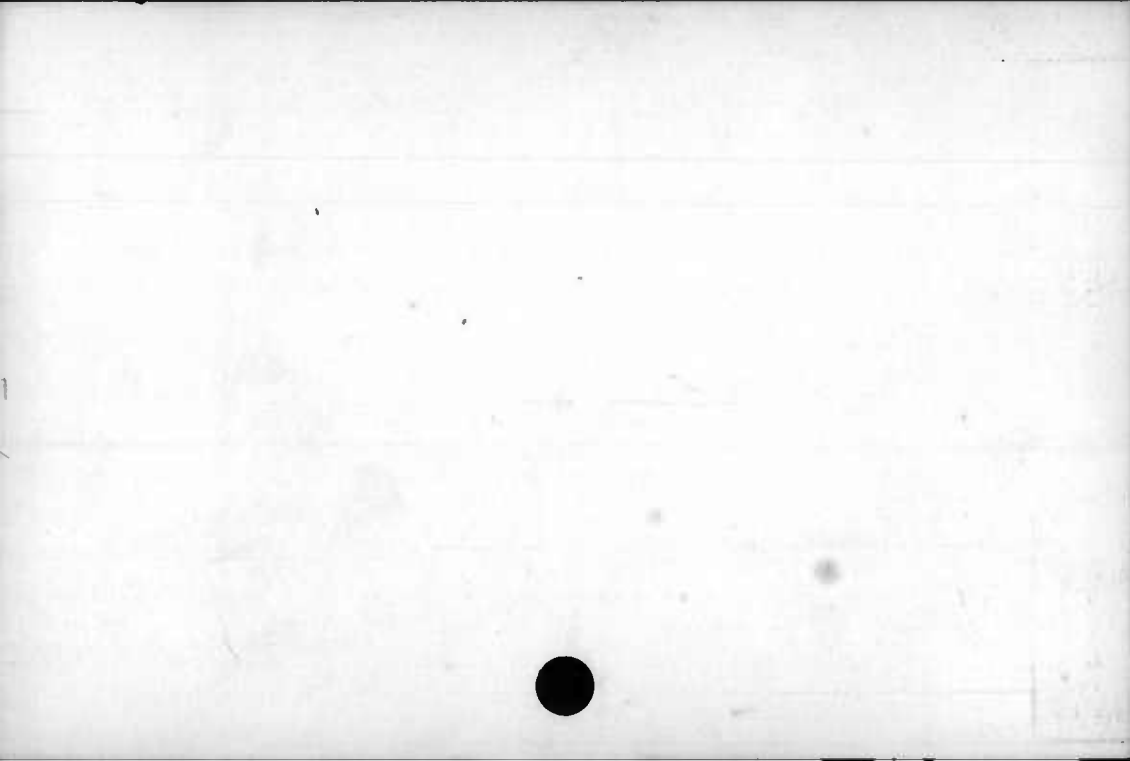
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>2</i>	Years <i>90?</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place				
Married Single or Widowed			Occupation <i>Servant</i>				
Name of Wife or Husband <i>Infant Deceased</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Mo. H. Deceased</i>				How related to deceased			

CAUSES OF DEATH

Primary <i>Heart Disease</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. J. Fisher</i>
	Address <i>Port Deposit, Md.</i>
Accident or Suicide?	



Name
in
Full

Wm A Redifer

3rd Dist-

CERTIFICATE OF DEATH

Died at ^{Town} Cherry Hill^{County} Cecil

MARYLAND

Date

of death 1903

Month

3

Day

31

Age

Years

51

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Pa

Married, Single
or Widowed

Married

Occupation

Marble worker

Name of Wife
Husband

Hannah L Dick

Father's
Name

Joseph C Redifer

Father's
Birthplace

Pa

Mother's
Maiden Name

Catherine Landis

Mother's
Birthplace

Pa

Name of person giving
In formation

Geo W Redifer

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Paralysis

How long

6 months

Immediate

Exhaustion 66

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas J Whitaker
Cherry Hill
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

69



PHYSICIAN
OR CORONER

Opak Roach

CERTIFICATE OF DEATH

MARYLAND

Died at	Elk Creek	Town	Cecil	County
---------	-----------	------	-------	--------

Date of death 1903	Month 3	Day 21	Age 94	Years	Months 1	Days 16
-----------------------	------------	-----------	-----------	-------	-------------	------------

Sex	Female	Color or Race	White	Birth-place	Elk Creek
-----	--------	---------------	-------	-------------	-----------

Married, Single or Widowed	<i>widow</i>	Occupation	<i>Sailor</i>
-------------------------------	--------------	------------	---------------

Name of Wife or Husband *Richard Knack*

Father's Name James Lake

Father's Birthplace *Phila 40*

Mother's
Maiden Name *unknown*

Mother's Birthplace *unknown*

Name of person giving information *John F. Roach*

How related to deceased *Don*

CAUSES OF DEATH

Primary *General Hevili* — 154 How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

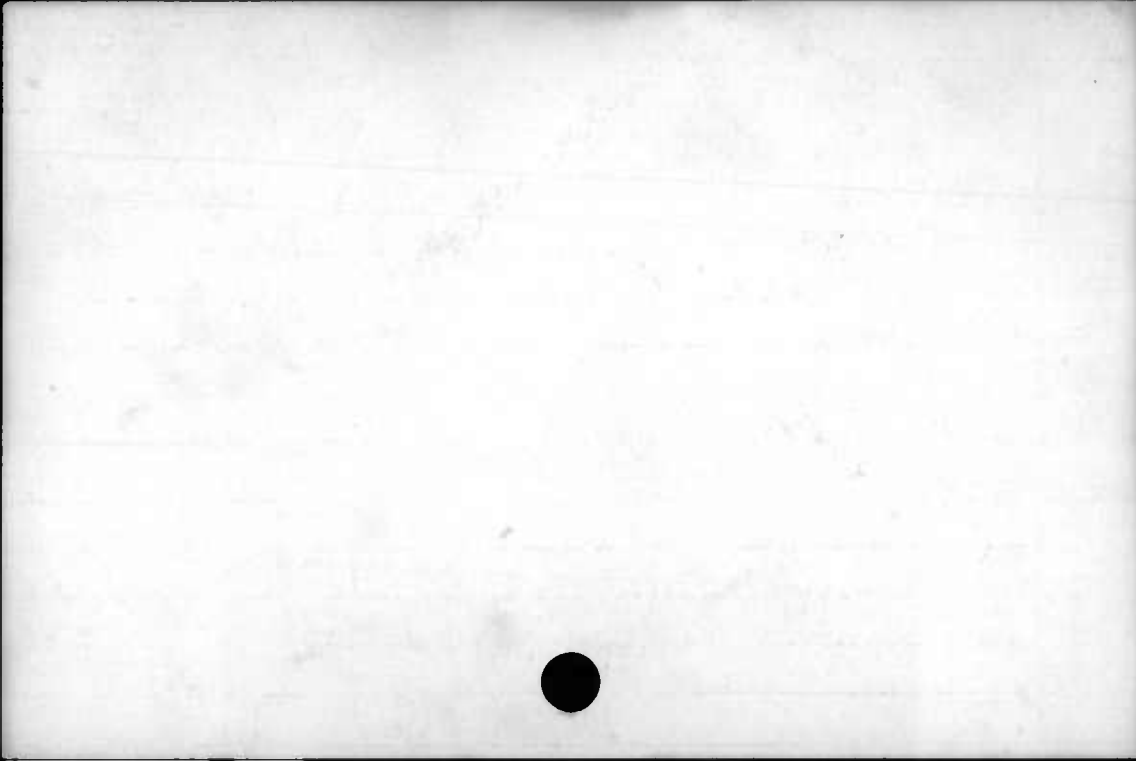
Yes

Signature of Physician

Address

B. Schuler
North Eng.

Accident or Suicide?



Name In Full

Certificate of Death

Henry Smith (9th Dis)
 Town Calvert County Cecil MARYLAND

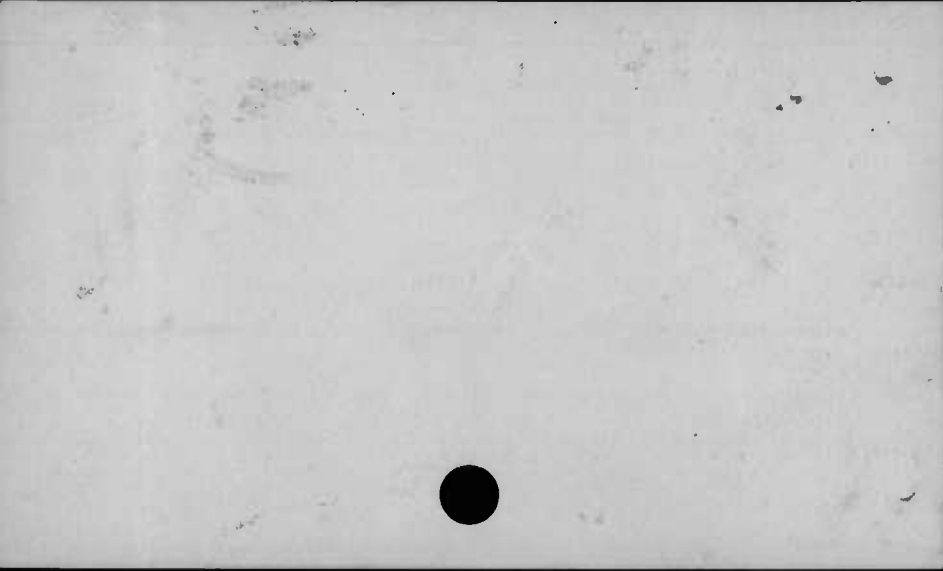
Died at
 Date 1903 3 4
 Male ~~Female~~ Age about 80
 Married ~~Single~~ Native of Md. Occupation Laborer
 Widowed ~~Widower~~ Number of children living 4

Husband of Harriet Smith
 Father's Name John Smith Mother's Name
 Maiden Name

Cause of Death { Primary Old age
 Immediate Paralysis
 How long sick 10 minutes
 Accident, Suicide, Homicide

Reported by Ordisford 154
 Address given

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rebecca M. Whitaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Har Port Deposit ^{County} Cecil Co.

MARYLAND

Date of death 190 ³ ^{Month} Mar ^{Day} 6 ^{Years} Age 82 ^{Months} ^{Days} 4

Sex Female Color or Race White Birth-place Cecil Co

Married, Single or Widowed Widowed Occupation

Name of Wife or Husband Abraham Whitaker

Father's Name Harlan

Father's Birthplace

Mother's Maiden Name Boyd

Mother's Birthplace

Name of person giving information Sarah E. Whitaker

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Burned to death

How long

Are the name, age, sex, color, date and place correctly given above?

yes

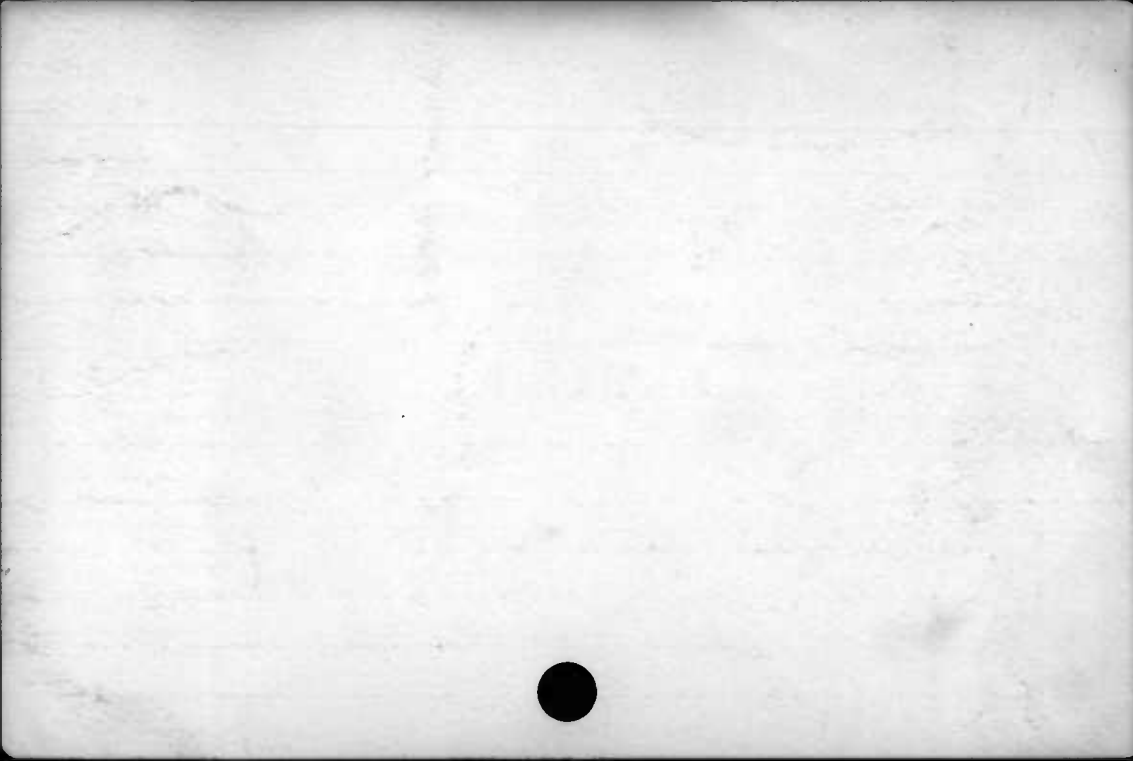
Signature of Physician

Address

Wm J Cawley M.D.,
Elkton
md.

Accident or Suicide?

Accident



Name
in
Full

CERTIFICATE OF DEATH

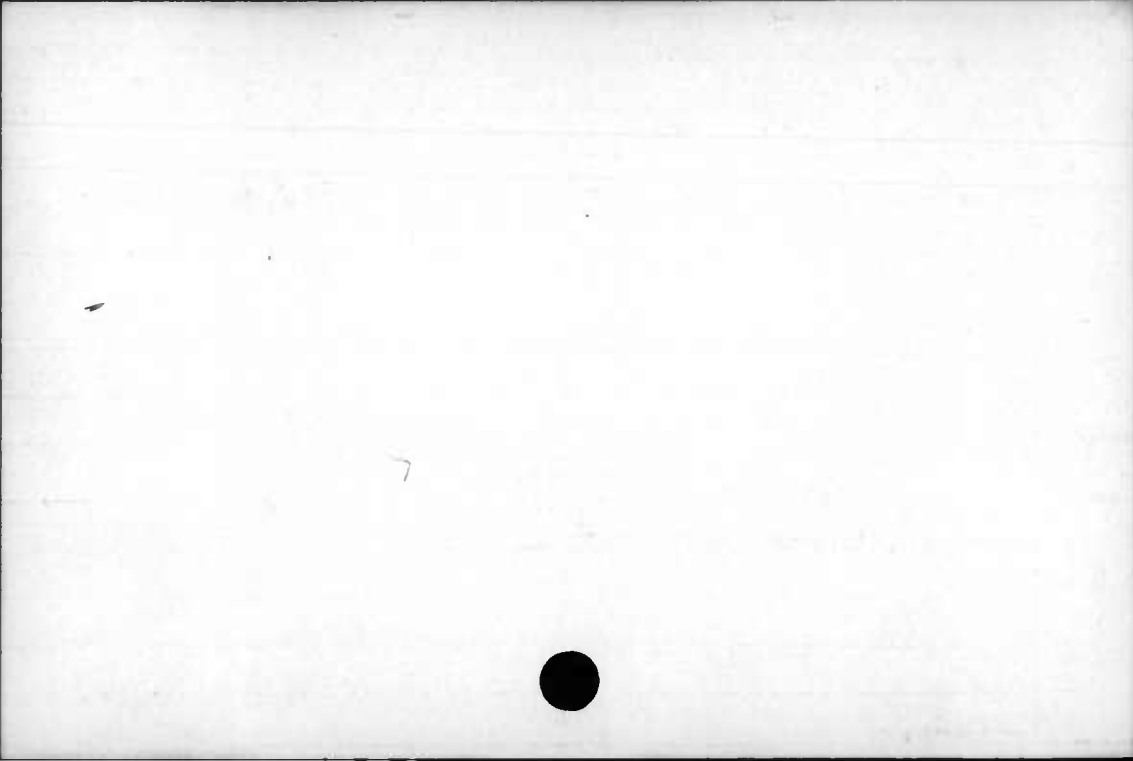
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i>		County <i>Wilmington</i>		MARYLAND	
Date of death 1903	Month <i>3</i>	Day <i>12</i>	Age <i>7</i>	Years <i>7</i>	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Elkton</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>has none</i>			Father's Birthplace		
Mother's Maiden Name <i>Lucy Wilson</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>8</i>
Immediate <i>Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur Mitchell MD</i>
	Address <i>Elkton Md.</i>
Accident or Suicide?	



Name
in
Full

Barlyle Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at North East		County locail		MARYLAND	
Date Mar 3 of death 190 3	Month Mar	Day 3	Years 8 Days	Months	Days
Sex Male		Color or Race White		Birth-place North East	
Married, Single or Widowed Chied		Occupation <input checked="" type="checkbox"/>			
Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name H R Wilson			Father's Birthplace North East		
Mother's Maiden Name Mollie A Merrey			Mother's Birthplace Elkston		
Name of person giving information <input checked="" type="checkbox"/>			How related to deceased <input checked="" type="checkbox"/>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Conuensis 71	How long one week
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician B. A. [Signature]
	Address North East

